COMBINED DECLARATION FOR PARENT APPLICATION AND POWER OF ATTORNEY
(includes Reference to PCT International Applications)

Attorney's Docket No.

As a below named inventor, I hereby declare that:
My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **METHOD FOR PREPARING OPTICAL FIBERS FOR CONNECTION TO OTHER FIBERS OR TO PLANAR WAVEGUIDES AND DEVICE FOR SUCH CONNECTION**

the specification of which (check only one item below):

[X] is attached hereto.

[] was filed as United States application

Serial No. _____ on _____,
and was amended on _____(if applicable).

[] was filed as PCT international application

Number _____on _____,
and was amended under PCT Article 19 on _____(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).
I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America
listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY *(if PCT, indicate PCT)*	APPLICATION NUMBER	DATE OF FILING *(day, month, year)*	PRIORITY CLAIMED UNDER 35 USC 119
Canada	**2,325,424**	**07/11/2000**	[X] **YES** [] **NO**
			[] **YES** [] **NO**
			[] **YES** [] **NO**

Combined Declaration For Parent Application and Power of Attorney (Continued) *(includes Reference to PCT International Applications)*	Docket No.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of the application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty of disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS		**STATUS** *(CHECK ONE)*		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NO		

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number)*

FRIEDRICH KUEFFNER, REG. NO. 29,482 ACHMED N SADIK, REG. NO. 27,281

Send Correspondence to:	Direct Telephone Calls to:
FRIEDRICH KUEFFNER **342 MADISON AVENUE, SUITE 1921** **NEW YORK, N.Y. 10173**	**FRIEDRICH KUEFFNER** ***(212) 986-3114***

2	FULL NAME OF INVENTOR	Family Name **MCMULLIN**	First Given Name **DAVID**	Second Given Name **ANDREW**
0	RESIDENCE & CITIZENSHIP	City **OTTAWA, ONTARIO**	State Or Foreign Country **CANADA**	Citizenship **CANADIAN**
1	POST OFFICE ADDRESS	Post Office Address **88 KENILWORTH STREET**	City **OTTAWA, ONTARIO**	State & Zip Code **K1Y 3Y7**

Combined Declaration For Parent Application and Power of Attorney (Continued) *(includes Reference to PCT International Applications)*				Docket No.
2	FULL NAME OF INVENTOR	Family Name **WAGNER**	First Given Name **JAMES**	Second Given Name **WILLIAM THEODORE**
0	RESIDENCE & CITIZENSHIP	City **OTTAWA, ONTARIO**	State Or Foreign Country **CANADA**	Citizenship **CANADIAN**
2	POST OFFICE ADDRESS	Post Office Address **23 STILLWATER DRIVE**	City **OTTAWA, ONTARIO**	State & Zip Code **K2H 5J9**

2	FULL NAME OF INVENTOR	Family Name **CALOGERACOS**	First Given Name **JAMES**	Second Given Name **P.**
0	RESIDENCE & CITIZENSHIP	City **OTTAWA, ONTARIO**	State Or Foreign Country **CANADA**	Citizenship **CANADIAN**
3	POST OFFICE ADDRESS	Post Office Address **291 DUNCAIRN AVENUE**	City **OTTAWA, ONTARIO**	State & Zip Code **K1Z 7H1**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE OF INVENTOR 201	*SIGNATURE OF INVENTOR 202*	*SIGNATURE OF INVENTOR 203*
DATE **October 23, 2001**	*DATE* **October 23, 2001**	*DATE* **October 23, 2001**